

**EPST/Minimum Wage
Retaliation Claim
Form**

INDUSTRIAL COMMISSION OF ARIZONA
LABOR DEPARTMENT
P.O. BOX 19070
PHOENIX, ARIZONA 85005-9070
PHONE (602) 542-4515 FAX 602-542-8097

RETALIATION

Case No. _____

(FOR OFFICE USE ONLY)

CLAIMANT INFORMATION:			
*Last Name: _____		*First Name: _____	
		MI: _____	*DOB: _____
*Address (including Apartment No, if applicable): _____		E-Mail Address: _____	
*City: _____	*State: _____	*Zip Code: _____	*Telephone Number: _____
			Cell Phone Number: _____
<p>The Labor Department will keep your name and identity confidential for as long as possible. However, IF THE LABOR DEPARTMENT DETERMINES THAT YOUR NAME MUST BE DISCLOSED IN ORDER TO INVESTIGATE YOUR CLAIM, YOUR NAME WILL ONLY BE DISCLOSED WITH YOUR CONSENT. If you do not agree to the release of your name, the Labor Department will not be able to issue a determination that requires your employer to compensate you for amounts that you may be owed. Pursuant to A.R.S. § 23-364(B), it is illegal for your employer to retaliate against you for filing this Retaliation Claim.</p>			
*Check One Box:			
<input type="checkbox"/> I understand my right to confidentiality and I AGREE that the Labor Department may release my name to my employer if necessary to investigate my complaint.			
<input type="checkbox"/> I understand my right to confidentiality and DO NOT want my name released to my employer. I understand that the Labor Department will not be able to issue a determination that requires my employer to compensate me for amounts that may be owed.			
*Select ONE preferred method of communication and service: <input type="checkbox"/> E-Mail (include e-mail address above) <input type="checkbox"/> U.S. Mail Note: You must promptly notify the Labor Department of any changes to your address, telephone number, or e-mail address.			
EMPLOYER INFORMATION:			
*Employer Name (as indicated on a paystub or tax form): _____		Supervisor: _____	*Telephone Number: _____
*Address (including Suite No., if applicable): _____			
*City: _____	*State: _____	*Zip Code: _____	Owner's Name(s): _____
Owner's Mailing or E-Mail Address (if available): _____			
Additional Information (business e-mail address, corporate name, additional business addresses, owner's cell phone number, etc.): _____			
EMPLOYMENT INFORMATION:			
*Your Job Title: _____		Type of Work Performed: _____	
Address Where Work Was Performed: _____			
*Start Date of Employment: _____		*Last Date of Employment: _____	
*Rate of Pay: \$ ____ <input type="checkbox"/> Hourly <input type="checkbox"/> Commission <input type="checkbox"/> Other _____			
How Often Were You Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly			
COMPLAINT INFORMATION:			
*What type of retaliation or discrimination occurred? <input type="checkbox"/> Termination <input type="checkbox"/> Suspension <input type="checkbox"/> Reduction of Hours <input type="checkbox"/> Demotion <input type="checkbox"/> Reduction in Pay <input type="checkbox"/> Other: _____			
*Why did the retaliation or discrimination occur? _____			
*When did the retaliation or discrimination occur? _____			
Name(s) of person(s) who were involved in the retaliation or discrimination: _____			
Name(s) of person(s) who witnessed the retaliation or discrimination: _____			
*What is the dollar amount you lost due to the retaliation or discrimination? _____			
How did you arrive at the amount? _____			
(Please use Page 2 expand on your answers, if necessary)			

